PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE							
** ** ***				Commissioner for P.O. Box 1450	r Patents		
Orași a Na	42410		or Fax	Alexandria, Virgi (571) 273-2885	inia 22313-1450		
Customer No.: 42419 or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where							
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the							
42419 7590 11/21/2005 (FEB 2 7 2006)				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
DATIFEV DETERGENT & EDICACON $\frac{1}{2}$				Cer	Certificate of Mailing or Transmission		
2800 WEST HIGGINS ROAD SUITE 365				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
SUITE 365 HOFFMAN ESTATES, IL 60195				transmitted to the USPTO (571) 273-2885, on the date indicated below.			
2/28/2006 MWDLDGE2 00000099 10713773				Kevin D. Erickson (Depositor's name)			
				Ker C (Signature)			
FC:2501 PFC:1504 PFC:8001	:1504 300.00 OP			21/EB 2006 (Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVI		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/713,773 11/14/2003 Timothy J. Flynn CD						8763	
TITLE OF INVENTION: LABEL ASSEMBLY AND APPARATUS AND METHOD FOR TRANSFERRING A LABEL PORTION FROM THE LABEL ASSEMBLY ONTO AN OBJECT							
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE F	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	02/21/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
PURVIS, SUE A		1734		156-249000			
CFR 1.363). Change of correspondence address (or Change of Correspondence or ager				inting on the patent front page, list ames of up to 3 registered patent attorneys of OR, alternatively, Pauley Petersen & Erickson			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee A check in the amount of the fee(s) is enclosed.							
Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge any deficiency or credit any overpayment, to Deposit Account Number 19-3550 (enclose an extra copy of this form).							
Advance Order - # o	f Copies 10		The Director is Deposit Account N	s hereby authorized Jumber <u>19–355</u>	(enclose an extra	or credit any overpayment, to copy of this form).	
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature Kend Colk				Date 21 FEB, 2006			
Typed or printed name	Kevin D. Eri	ckson		Registratio	n No 38,736		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							